Using Logic Models in Program Planning and Evaluation

Cases and Worksheets

Habitat for Humanity

Habitat for Humanity is a network of 700 local affiliates throughout the United States. The <u>local affiliate</u> aims to provide affordable <u>home ownership</u> to low-income families by identifying and linking funders/sponsors, construction volunteers, and eligible families, who together build a house over an 8-week period. At the end of the period, the home is sold to the family using a no-interest loan.

Childhood Lead Poisoning Prevention

Lead poisoning is a widespread environmental hazard facing young children, especially in older inner-city areas. Exposure lead has been linked to cognitive disruption and behavioral disorders, especially when exposure occurs early in life. The main sources of lead poisoning in children are paint and dust in older homes with lead-based paint. Lead poisoning effects can be ameliorated through medical interventions. But, ultimately, the source of lead in the environment must be contained/eliminated through renovation or removal of the lead-based paint by professionals. Short of that, families can reduce the bad effects on their children through intensive housekeeping practices and selected nutritional interventions. County X, with a high number of lead-poisoned children, has received money from CDC to support its Childhood Lead Poisoning Prevention Program. The program aims to do outreach and identify children to screen, identify those with elevated blood lead levels (EBLL), assess their environments for sources of lead, and case manage both their medical treatment and the correction of their environment. They will also train families in selected housekeeping and nutritional practices. While as a grantee they can assure medical treatment and reduction of lead in the home environment, the grant cannot directly pay for medical care or for renovation of homes.

Provider Education in Immunization

State A has determined that providers can play a significant role in increasing immunization coverage in the state. They have developed a comprehensive provider education program that is intended to train and motivate providers to do more immunizations. The program includes these components:

- A state immunization newsletter. Distributed 3 times per year to 10,000 (mainly) private sector providers, it's designed to update providers on new developments, changes in policy, and to provide brief education on various immunization topics.
- 6 immunization trainings per year held around the state; featuring a combination of state immunization program staff, physician educators, and Nat'l Immunization Program (NIP) staff. In addition to general immunization topics, presentations on the registry are given, with a hands-on computer station available for those who want to see how the registry works.
- A Tool Kit that is given to providers during visits by staff of the state Vaccines for Children (VFC) Program and other venues, including brief discussion of the content of the kit, how to use it, and return feedback postcard.
- Nurse educators who train nursing staff in local health departments (LHDs) who then conduct immunization presentations in individual private provider clinics. They also conduct immunization education in clinics that have received an initial visit under the AFIX program—an innovative effort to get providers to minimize missed opportunities to vaccinate.
- 19 physician peer educators composed of pediatricians, family practitioners, and ob-gyns are paid to conduct presentations on immunizations and other topics at physician grand rounds and state conferences on immunization related topics.

Student Case 1: Eastside HIV/AIDS Prevention Program

The Eastside Health Center (EHC), a large publicly funded community-based health services provider, will be implementing an HIV/AIDS prevention program focusing on minority young people in its urban community. The prevention program would attempt to raise knowledge about HIV and AIDS, change attitudes and beliefs, and reduce high-risk behaviors. The approach consists of:

- Prevention education in middle schools and high schools. The educational component would consist of a mix of formal presentations by outside persons, and teacher-led small group discussions, as well as the distribution of educational materials to be read and taken home to share with parents. Although the basic approach would be the same in high schools and middle schools, adjustments would be made based on reading levels, and in the content on high-risk behaviors.
- <u>Community-based education.</u> This approach would involve two steps: 1) the training of young adults from various community organizations and churches as peer educators; 2) trained peer educators would conduct educational programs at their organizations and at other community based sites. In addition, they would conduct one-on-one or small group street work approaches with hard to reach populations.
- <u>Community-wide publicity and advertising</u>. Publicity and advertising posters and brochures would be printed and displayed in various retail sites throughout the community. In addition, bus cards and billboards also would be used. PSAs would be prepared and aired on several radio stations

Raw Material for Logic Model

<u>Activities</u>	Outcomes
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Age-appropriate prev education

- Formal presentations
- Small group discussions
- Education material dissemination

Community-based education:

- Train youth as peer educators
- Youth-led education in community settings
- Do 1-1 street education
- Problem solving skills training

Community-wide publicity:

- Develop materials and messages
- Display posters and brochures
- Broadcast PSAs
- Buscards and billboards

Educational materials shared at home

Increased knowledge about HIV and AIDS

Changes in attitudes and beliefs

Reduction in HIV risk behaviors